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# What older adult service users say about systemic therapy

catherine butler

## introduction

The National Service Framework (DoH, 2001), which lays down standards of care and service for older people, stresses the need to ensure that older people's views about their treatment are heard and acted upon. This service evaluation aimed to elicit older users' views on their experiences of systemic therapy in the NHS in north London. The psychologists used systemic therapy as one of a range of therapies offered to service users in outpatient settings at the hospital, GP surgeries and service users' homes. A lack of research in this area has meant that older adults' views about systemic therapy have yet to be heard, except perhaps during clinical work. This service evaluation therefore attempted to give voice to these views.

## literature review

Herr and Weakland (1979) were amongst the first therapists to use the systemic approach with older adults. However, its use with this client group has not expanded to the same extent as it has in other areas, such as services for children and families. Anderson (1988) describes older adults as 'ill-defined figures populating the upper fringes of genograms constructed to illuminate the problems of younger generations'. Similarly, Flori (1989) assessed the frequency over a ten-year period with which family therapy / systemic journals focused on problems associated with ageing. Flori concluded that older adults 'are not portrayed as central actors in family life' and that family therapy has 'grown up preoccupied by problems encountered by families actively parenting children'. She suggests that systemic work with older adults constitutes a new area of growth for the extension and elaboration of systemic therapy.

There has been even more neglect of older adults' views on this form of therapy. Fidell (2002) points out that the current climate of systemic therapy is to be transparent and collaborative so that service users are part of the decision-making processes in therapy. However, she suggests that the majority of service users are likely to be coming across this technique for

the first time and so, by virtue of their lack of knowledge and understanding of what is expected of them, they are excluded from making informed choices. Similarly, the idea that therapy is collaborative is a claim that has been made by therapists, with little comment from service users themselves (Fidell, 2002). While service users are invited to say whether they are finding the meetings useful during therapy, it seemed important to ask our service users in a formal way how they experienced this therapy.

## procedures

### *The context of the systemic therapy*

The psychology team used systemic therapy in a variety of ways, e.g. in consultation, as a regular part of weekly therapy, with a team, working alone, in couple therapy and working with individuals. This variety is reflected in the experiences of the service users interviewed:

- two were one-off consultations about ongoing therapy;
- one was an assessment session with a couple;
- one was within the first two sessions of ongoing therapy.

### *Selection*

Service users who had never previously experienced systemic therapy were invited by their therapist to take part. This was because it was thought that service users would be less familiar with the technique and language used during the therapy and so would give a fresher opinion on their experiences. Service users were assured of confidentiality (their names and identifying details were disguised and a member of staff who no longer worked with the team conducted the service evaluation). About half of those asked agreed to take part. The demographic details of the final service users were:

<i>Participant</i>	<i>Ethnicity</i>
Mr A	White English
Ms B	White English
Ms C	White Italian
Mr D	White Irish
<i>Pilot Study:</i>	
Mr & Mrs X	White, British

The age range was 65-85 years - individuals' ages are not presented to preserve anonymity.

### *Methodology*

Qualitative methodology was chosen as the most suitable and consistent with systemic practice, given the newness of systemic ideas to service users and the aim of letting them describe their experiences in their own language. Interpretative Phenomenological Analysis (IPA) was the qualitative methodology chosen because it encourages the researcher to take on the participant's perspective in order to understand their experience of the phenomenon under study (Smith *et al.*, 1999).

### *The questions*

This evaluation aimed to facilitate service users to describe their experience using their own words so the question format chosen was a semi-structured interview schedule:

### *Experience*

1. In your own words, what happened in the session?
2. Why do you think the team were there?
3. What did you find most helpful about the session?
4. What did you find the least helpful about the session?
5. How was this different from other conversations you might have?
6. How was this the same as other conversations you might have?
7. What aspects of the session made you view your situation in a new way? (i.e. think differently about your problems?)

### *Expectations*

8. How did the session compare with what you were expecting?
9. From what you previously expected, where did your ideas come from?
10. What was the information you received about our service before the session? Was this information easy to understand?
11. What advice could you give us to help prepare others before we meet them?
12. What other advice can you give

us to improve the way we work?

The schedule was piloted with a couple that had been seen for two therapy sessions. The couple were asked to comment on whether the questions were easy to understand and answer; based on their feedback, some questions were slightly reworded.

#### *Analysis*

All interviews were transcribed and analysed in turn by creating two columns on either side of the data. In the left-hand column features of the data were noted that captured the concerns and experiences of the interviewee. In the right-hand column inferences were made about the nature of these experiences and themes were developed (Smith *et al.*, 1999). These themes are then integrated into an inclusive list of master themes that reflected the experiences shared by service users (Willig, 2001).

### **findings**

The different themes that came out of the transcripts will be illustrated with quotations below. Many service users responded in a similar way so that only representative or unique comments are represented.

*Older Adult Client/Younger Therapist*  
'... they are young kids, coz I've got daughters older than them.' (Mr D)

The impact this generational context had on service users' experience of systemic therapy was reflected in the themes of 'therapy' and 'learning'.

#### *Therapy*

Service users' responses in this theme were divided into two sub-themes.

##### *1. Expectations of therapy*

Service users held negative expectations of what therapy would involve:

'... you would be put on a sofa, like you see in the films ... they are going to mesmerise me ... they would turn the lights off and I would be at their mercy ... I'm not going to know what I am saying ... I could imagine a man ... with a pipe in his mouth frowning at you, and I thought, oh no, I don't want to go' (Ms B).

Ms B used social constructions of therapy taken from the media depicting Freud-like characters and couches. Others formed their expectations from previous personal experiences of therapy:  
'I had psychotherapy in my twenties. A waste of time and money ... that prejudiced me against therapy' (Mr A).

Systemic therapy does not correspond with either the historical psychoanalytic image of therapy generated, or the type of therapy available when Mr A was in his 20s. Service users were helped to move beyond these negative expectations by reflecting on the development of theory and practice within psychology, placed within the context of their own development with age:

'... things are a bit different [now], apart from the development in the, in the science, if it's fair to call it a science ... I am older now' (Mr A).

In addition, if a significant other had a positive experience of any type of therapy it helped shift service users' attitudes:

'Maybe their family have needed help ... So they would probably think it would do me very good' (Ms B).

Although service users moved into a position where they felt ready to accept therapy, they held mixed views about what form this would take. Some service users expected direct interventions:

'I thought they was helping me to tell me what to do or what not to do' (Ms C)

While others expected change to occur more indirectly over time:  
I know it's not going to go overnight' (Mr D).

##### *2. Actual experience of therapy*

Generally, the actual experience of therapy was more positive than service users' expectations:  
'It was entirely different, it was really like speaking to a nosey friend' (Ms B).

Three aspects of the process of systemic therapy emerged:

##### *2.1 The reflecting team*

Despite being told about the presence of other therapists on the day, many service users still expected there to be only one therapist there. How they found the experience of a team ranged from embarrassment:  
'It was a little embarrassing being discussed as though I weren't there' (Ms B) to being considered helpful:  
'It was useful for me to listen to their findings, it might provoke me into thoughts' (Mr A).

##### *2.2 Systemic questions*

Service users' views about how these were received ranged from feeling comfortable:

'They were very easy to answer ... in everyday language' (Ms B)

to feeling awkward:

'They ask you very, very awkward question and sometimes it's not easy to answer ... personal questions' (Ms C).

### *2.3 Collaboration*

Service users picked up on the spirit of collaboration presented in systemic approaches, however, they sometimes felt uninformed about how to make decisions within this:  
'I could have either this therapy or cognitive therapy. And I think, actually, she told me it was 'systematic', I still don't understand exactly what it is or what cognitive therapy is' (Mr A).

#### *Learning*

Service users had mixed views when it came to who was learning from whom, whether the team from the therapist (as in previous experiences of having medical students view consultations) or the therapist from the service user:

'They've got to learn somewhere and they are learning from people like me ... psychologists could talk to them all day but if I was a student I think I would say I would rather talk to someone who was depressed' (Mr D).

or the service user from the therapist:

'I'm beginning to learn a little bit about myself from what they think ... it makes me think of other things, of other relationships, with different people ... it's making me question myself to the good' (Ms B).

However, not all service users felt they had learned anything or that the therapy had made them see their situation in a new way:

'I'm not really sure if they can help ... we'll just see how it goes' (Mr D).

Any learning that took place appeared to do so within the context of older adult service users seeing a younger therapist:

'I can't expect a young, even though she's qualified, a young psychologist ... to understand exactly' (Mr D).

However, the qualifications of the therapist appeared very important to service users:  
'For somebody who is in an official position and says that, it is much more valuable than a friend saying it ... a trained person, with specific skills' (Mr A).

### **evaluation**

Service users' responses provided a glimpse of how older adults experience initial sessions of systemic therapy. The main themes that came out of the service evaluation were around disconfirming negative expectations of therapy, engagement in the processes involved in systemic therapy and how systemic therapy regards change.

*Disconfirming negative expectations*  
Service users found they were not 'mesmerised' during therapy, but maintained a sense of control and power through being encouraged to collaborate in the process of therapy and being given choices about its direction. What is interesting is that this involvement took place despite sometimes not having all the information available about therapeutic approaches to fully understand the choices that were available, as suggested by Fidell (2000). Some service users used other people's views to guide them in making choices, particularly where a positive experience of therapy by a significant other helped service users overcome negative expectations of therapy.

*Engagement in the processes involved in systemic therapy*

Service users had mixed reactions to the use of systemic techniques. They generally found the questions easy to manage and felt that they were used appropriately. However, Ms C found the questions intrusive and difficult. Though informed otherwise, she had expected there to be only one therapist. It could be hypothesized that she was anxious about attending the session, or that she was drawing on her expectations of what the therapy would involve. This latter hypothesis might also have suggested why she found the questions intrusive. It could be speculated that Ms C's expectations differed from the other service users because of the different cultural meaning of therapy in Italy, or even differences in how she expected younger people to address her as an older adult.

The other service users met the use of a reflecting team with a mixed response. All service users suspected the use of the team had a teaching element to it, but there was a diversity of opinions as to who was learning from whom. The qualifications of the therapist were valued, while service users remained unsure of those of the team. For those who valued the team, it did not matter whether they thought the team was made up of students or qualified therapists. Indeed, it might have been the apparent 'non-expert' position of the team that was valued (Anderson & Goolishian, 1992).

*How systemic therapy views change*  
Systemic therapy includes

approaches that focus on changing behaviour (e.g. solution focused) as well as approaches that focus on changing beliefs (e.g. social constructionist). These different approaches were reflected in service users' expectations: some service users wanted a direct and instructive approach, while others expected the therapy to take longer and would require them to change their perspective. This latter style of working was that used by this team, and so those who had expected a more behavioural approach were left feeling uncertain as to whether the therapy would benefit them.

### conclusion

This service evaluation has provided some insight into service users' initial experience of systemic therapy, viewed through the lens of their older adult status, which influenced their understanding of the processes involved (e.g. reflecting that the younger therapists could learn from them). This view is particularly well matched with systemic therapy which values collaboration in the form of the service user bringing their expertise gained through life to join the therapist's expertise gained from training. However, although service users appreciated some aspects of this collaboration (e.g. being asked permission for the team to be present) it would seem that service users did not necessarily have enough information available to them to make informed choices. Similarly, service users had mixed opinions about the role of the team, whether it was primarily for teaching purposes or to contribute additional perspectives.

### recommendations

These guidelines are based on the responses of the four service users of this service evaluation. It is therefore noted that they may not apply to all service users seen by the service, but it would be appropriate to consider their application with all new referrals:

- although service users are informed of the team's role, it would appear that service users do not always hear or understand this. Therefore any information supplied needs to be piloted with older adults to make sure that it is clear and uses appropriate language (i.e. non-jargon).

- consistent written, as well as verbal, information should be supplied to service users about the options available to them e.g. different therapeutic approaches, who would be involved and why (e.g. the team) and what would be the focus of change i.e. behaviour or belief. This could be referred to outside of the therapy session and so aid the potential generation of further questions to assist understanding and the ability to make informed choices.
- at the start of therapy, service users should have the opportunity to express their social constructions of therapy and the consequential concerns about what might take place.
- to be transparent about the age difference between the therapist and the service user and allow service users an opportunity to comment on what this means to them. The best way to address this needs to be further discussed by the team.

Future service evaluations could extend these findings by asking a wider selection of older adults to comment on how they experienced systemic therapy, e.g. service users who were seen with their adult children. In addition, exploring service users' views at the end of therapy would have given service users longer to reflect on the process of the therapy and its impact and so may have provided a richer description of their experience.

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Catherine Butler is in her final year of the Doctorate in Clinical Psychology at the University of East London. She would like to thank the service users who gave their time and thought, and Eleanor Martin and Mary Boyle for their supervision and guidance.